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ABSTRACT

The expanded role of schools in integrating various service providers to address the needs of at-risk students and their families is discussed in this educational policy bulletin. The debate about the extent and means of the broadening school scope is reviewed and the types of school-linked service delivery programs are outlined. Characteristics of programs that successfully link education, health, and human services are also presented. A conclusion is that the resulting organizational structures are diverse and unique to the populations they serve; and no signle correct model of school-linked delivery programs exists. (LMI)

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INSIGHTS ON EDUCATIONAL POLICY AND PRACTICE

Number 20 May 1990

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School-Linked Services—So that Schools Can Educate & Children Can Learn

During the 1980s, schools struggled to address a national problem—the disengagement of many children and youth from schooling. Programs emerged, all wearing different labels: "At-risk," "dropout prevention," "adolescent pregnancy prevention," or "substance abuse." In a few cases, such programs have been part of efforts to restructure the fundamental organization and management of schools.

Program strategies tend to follow two approaches: (1) providing services at the school site, or ***school-based services****, and (2) providing services at other sites, or* ***non-school-based services****. School-based services are delivered at the school site by school personnel or other professionals who are located at the schools. Non-school based services may be delivered at community organizations, youth recreation centers, churches, human services offices, offices of other service providers, places of employment, or in the homes of youngsters. In both cases, the major role of schools has been to* ***integrate*** *or* ***link*** *various service providers to address the complex needs of at-risk students and their families. For this discussion, then,* ***school-linked services****, is the most appropriate classification.*

A New Role for Schools

All facets of a child's well-being—safety, nutrition, physical, and mental health—are strongly related to achievement in school. Mounting economic, demographic, societal, and technological changes have created new pressures on children, youth, and their families, pressures that influence their physical and emotional well-being. Lacking the supports to deal with those pressures, many youngsters and their families suffer from problems such as adolescent pregnancy and parenting, drug and alcohol abuse, poor nutrition and health, family violence and abuse, juvenile crime, depression, and sadly, teen suicide.

Problems like these occur in urban, suburban, and rural school districts; in rich and poor communities. But they are most prevalent among students who live in poverty. Schools must address the well-being of such students if they are to ensure the academic achievement of **all** students.

Underlying these issues is a concern about the prosperity of our nation's economy, indeed, about what kind of nation it will be. Will we have a nation that continues to become polarized by income, ethnicity, and age? One that serves only a small number of students well? Or, will we create a nation that ensures all of its students a quality education and a comfortable standard of living? "There is," wrote members of the American Assembly, "urgent need for comprehensive school- and community-based health and social services that help to prepare and educate young people for a productive future" (*American Family*, 1990, p. 13).

But, schools alone cannot address the problems students and their families face.

The Dialogue: Why Our Schools?

Many educators, decisionmakers, parents, and policymakers are beginning to share a new vision of local schools as *integrators of*

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services. The idea is not a new one in American education, but the imperative may be stronger than ever before. Today, the debate is not about *whether* schools should broaden their scope, but about *how far* and *in what ways*.

Proponents argue that local schools logically can play an expanded role because:

- Schools are usually geographically accessible and familiar to community residents. Even if they have no children in the school, residents may take adult or community education classes at the local school.

- Schools are the primary, and often the only, community institutions seen as positive and neutral. They have had contact over the years with residents of different ages, economic status, ethnic backgrounds, and religious denominations.

- Schools generally have the best systems of access and outreach to students and their families.

Other stakeholders do not agree. They argue that schools should not be forced to expand their role because:

- Neighborhood schools rarely exist. In districts under federal desegregation court order, families may have children in schools across the district. Or, children may have special needs that already are served in another district.

- Schools should not be unfairly expected to solve societal problems.

- Schools do not have staff trained to deliver social services, and most staff members, especially teachers, are already overworked by trying to take on additional responsibilities brought on by working parents.

Advocates of expanding or redefining the role of local schools realize that schools cannot solve all problems. Instead, they emphasize that schools and other human service systems can coordinate to meet common and complementary goals in addressing the complex needs that students bring to school.

> A cooperative relationship between schools and community service agencies can be beneficial in addressing the multiplicity of social problems that children bring with them to the classroom. . . .Schools can be relieved of some of the additional pressure they face in their quest for accountability and the achievement of minimum basic skills by sharing responsibility for these problems with community agencies (Robinson & Mastny, 1989, p.1).

In short, schools can and, in some cases, have become pivotal *linking* agents in the integration of comprehensive service delivery programs for children and their families.

Types of School-Linked Service Delivery Programs

Schools have been attending to students' "non-academic" needs since the 1800s (Plascencia, 1989). During this century, schools have served hot meals and provided the care of school nurses. As students' problems have grown more varied, the services and the service delivery programs have become more complex. A review of literature and practice shows three major types of school-linked service models: (1) external referral, (2) mobile rapid response, and (3) school-based services (Plascencia, 1989).

In the *external referral model*, school personnel focus primarily on providing referrals to external human services providers. School staff may make referrals or they may work with coordinating organizations to make the contact with external service providers. In

the *mobile rapid response model*, school staff or school and other human services personnel work together to respond to specific crises such as suicide prevention, or intervention following a traumatic event. This usually is not an ongoing delivery approach, but one that is rapidly mobilized. With the *school-based services model*, school or non-school personnel provide services at the school site. Depending on available resources, the location, the student body, and other contextual factors, the school may use one or more of the following approaches:

- *Circulating or itinerant service*, e.g., by nurses or other medical staff.
- *School-based health clinics* that provide a range of health, counseling, or referral services. This is one of the oldest means of providing comprehensive services at school sites, and also one of the most controversial.
- *Multi-service units*, a structural mechanism, which may include alternative schools, that provides a range of specific personal, counseling, medical, or day care services.
- *Referral/direct service* that provides a combination of both approaches.
- *Case management* in which one staff member coordinates and tracks all services delivered to a student.

Clearly, the types of service delivery program are not mutually exclusive. They may overlap by design to ensure comprehensive, intensive delivery of services. For example, medical staff in school-based health clinics may refer students to an outside source to seek a specialized service or treatment (Plascencia, 1989).

Attributes of School-Linked Service Delivery Programs

Programs that successfully link education, health, and human services tend to have some of the following characteristics: (1) comprehensive menu of services, (2) shared governance, (3) collaborative funding, and (4) organizational models that reflect the needs of the communities they serve (McLaughlin & Smrekar, 1989; Schorr, 1989).

Comprehensive service delivery programs either provide services directly or act as a "gateway" to a range of services that children and their families can receive at times and in places that are accessible to them. "It is a consistent attribute of successful programs that no one says 'this may be what you need, but helping you get it is not part of my job. . .'" (Schorr, 1989, p. 83).

The flexibility necessary to deliver comprehensive services is often limited by policies that regulate the governance and funding of schools and other agencies. Creating such flexibility demands mechanisms that span political and organizational boundaries (Schorr, 1989). Governance is a critical component in school-linked service programs. Clearly, the principal is in charge of the school site, but structures can be put in place so that all participating agencies can share in decisionmaking related to the service-delivery program. School-linked service programs have used such boundary-spanning mechanisms as advisory or governing committees with representatives of all participating service providers. Committees might also include parents or other community members.

Collaborative funding structures may be more difficult to create because of the nature of different funding sources and accounting procedures. In some sites, for example, one agency or organization may pay the salary of an onsite program coordinator, while the

school contributes space and pays overhead costs.

The resulting organizational structures are as varied as the people in the communities, schools, agencies, and organizations they represent or serve. No one way is the correct way to deliver services and no single, simple model can be grafted onto a school and community. Instead, the qualities of successful programs must be "shaped into different forms in different communities. . .to become sturdy foundations to build on" (Schorr, 1989, p. 84).

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